PTO/SB/05 (05-03)

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UTILITY PATENT APPLICATION TRANSMITTAL

	Attorney Docket No.		No.	3578.1	
	First Inventor G			IA KENNEDY	
	Title	METHO	DS FO	R PRENATAL DIAGNOSIS	
	Expres	ss Mail Lab	el No.	EV 187574507 US	

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b)) Commissioner for Patents APPLICATION ELEMENTS Mail Stop Patent Application ADDRESS TO: P.O. Box 1450 See MPEP chapter 600 concerning utility patent application contents. Alexandria VA 22313-1450 1. 🔯 Fee Transmittal Form (e.g., PTO/SB/17) CD-ROM or CD-R in duplicate, large table or (Submit an original and a duplicate for fee processing) Computer Program (Appendix) 2. 🔲 Applicant claims small entity status. 8. Nucleotide and/or Amino Acid Sequence Submission See 37 CFR 1.27. (if applicable, all necessary) з. 🛛 [Total Pages Specification a. Computer Readable Form (CRF) (preferred arrangement set forth below) Specification Sequence Listing on: Descriptive title of the Invention i. CD-ROM or CD-R (2 copies); or - Cross Reference to Related Applications ii. 🔲 paper - Statement Regarding Fed sponsored R & D c.

Statements verifying identity of above copies - Reference to sequence listing, a table, or a computer program listing appendix **ACCOMPANYING APPLICATIONS PARTS** - Background of the Invention - Brief Summary of the Invention 9. \square Assignment Papers (cover sheet & document(s)) - Brief Description of the Drawings (if filed) 10. 37 C.F.R. 3.73(b) Statement ☐ Power of - Detailed Description (when there is an assignee) Attorney - Claim(s) - Abstract of the Disclosure 11. 🔲 English Translation Document (if applicable) 4. 🔯 [Total Sheets 3 12. \square Copies of IDS Drawing(s) (35 U.S.C.113) Information Disclosure Statement (IDS)/PTO-1449 Citations 5. Oath or Declaration [Total Sheets | 2 13. \square Preliminary Amendment a. Newly executed (original or copy) with power of Attorney 14. 🛛 Return Receipt Postcard (MPEP 503) b. Copy from a prior application (37 CFR 1.63 (d)) (Should be specifically itemized) (for a continuation/divisional with Box 18 completed) 15. 🔲 Certified Copy of Priority Document(s) i. DELETION OF INVENTOR(S) (if foreign priority is claimed) Signed statement attached deleting inventor(s) 16. Nonpublication Request under 35 U.S.C. 122 named in the prior application, see 37 CFR (b)(2)(B)(i). Applicant must attach form PTO/SB/35 1.63(d)(2) and 1.33(b). or its equivalent. 6. Application Data Sheet. See 37 CFR 1.76 17. 🔲 Other: _ 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: ☐ Continuation □ Divisional ☐ Continuation-in-part (CIP) of prior application No: _ Prior application information: Examiner Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS 22886 Correspondence address below Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) Name Address City State Zip Code Country Telephone Fax Name (Print/Type) Wei Zhou Registration No. (Attorney/Agent) 44,419 Signature 08/27/2003

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Complete if Known **FEE TRANSMITTAL Application Number** for FY 2003 HEREWITH Filing Date **GIULIA KENNEDY** First Named Inventor Effective 01/01/2003. Patent fees are subject to annual revision. **Examiner Name** TBA Applicant claims small entity status. See 37 CFR 1.27 Group / Art Unit TBA TOTAL AMOUNT OF PAYMENT (\$) 3578.1 Attorney Docket No.

METHOD OF DAYMENT (about all these are to										
METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued) 3. ADDITIONAL FEES					
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None Order					Large Entity Small Entity					
			Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid		
Account		01-0431			1051	130	2051	65	Surcharge - late filing fee or oath	
Number			1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.			
Deposit			1053	130	1053	130	Non-English specification			
Account		Affymetrix,	Inc.		1812	2,520	1812	2,520	For filing a request for reexamination	
	Name The Commissioner is authorized to: (check all that apply)			1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
☐ Charge fee(s) indicated below ☐ Credit any overpayments ☐ Charge any additional fee(s) during the pendency of this application			1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action			
			low, except for the f	filing fee	1251	110	2251	55	Extension for reply within first month	
to the above-identified deposit account. FEE CALCULATION				1252	410	2252	205	Extension for reply within second month		
1. BASIC	FIL	ING FEE			1253	930	2253	465	Extension for reply within third month	
Large Entity	1	Small Entity			1254	1,450	2254	725	Extension for reply within fourth month	
Fee Fee Code (\$)		ee Fee ode (\$)	Fee Description	Fee Paid	1255	1,970	2255	985	Extension for reply within fifth month	
1001 750		001 375	Utility filing fee	750	1401	320	2401	160	Notice of Appeal	
1002 330	1 -	002 165	Design filing fee	755	1402	320	2402	160	Filing a brief in support of an appeal	
1003 520		003 260	Plant filing fee		1403	280	2403	140	Request for oral hearing	
1004 750	2	004 375	Reissue filing fee		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1005 160	12	005 80	Provisional filling f	ee	1452	110	2452	55	Petition to revive – unavoidable	
		SUBTO	TAL (1)	(\$) 750	1453	1,300	2453	650	Petition to revive - unintentional	
					1501	1,300	2501	650	Utility issue fee (or reissue)	
2. EXTRA CLAIM FEES				1502	470	2502	235	Design issue fee		
				e from Fee low Paid	1503	630	2503	315	Plant issue fee	
Total Claims	12	-20 **	= 0 x	= 0	1460	130	1460	130	Petitions to the Commissioner	
Independent	_	=			1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
Claims	2	-3 **	= 0 X	= 0	1806	180	1806	180	Submission of Information Disclosure Stmt	
Multiple Dependent Large Entity 1 Small Entity					8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
Fee Fe	90	Fee	Fee		1809	750	2809	375	Filing a submission after final rejection	
Code (\$		Code	(\$) Fee Descript	lon	1000	100	2005	0,0	(37 CFR § 1.129(a))	'
1202 18	3	2202	9 Claims in exc	ess of 20	1810	750	2810	375	For each additional invention to be	
1201 84		2201	42 Independent	claims in excess of 3	1	1			examined (37 CFR § 1.129(b))	L
1203 28	30	2203		ndent claim, if not paid	1801	750	2801	375	Request for Continued Examination (RCE)	
1204 84	,	2204	42 ** Reissue inc original patent	dependent claims over t	1802	900	1802	900	Request for expedited examination	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent					of a design application					
	SUBTOTAL (2) (\$) 0 Other fee (specify)									
L					*Reduc	ed by Ba	asic Filing	Fee Pa	aid SUBTOTAL (3) (\$) 0	
**or number previously paid, if greater; For Reissues, see above									<u> </u>	

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